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APPLICANTS

Arup Acharya, Nanuet, NY;
 Debanjan Saha, Mohegan Lake, NY;
 Anees A. Shaikh, Yorktown Heights, NY;

** CONTINUING DATA ***** *None AS*

** FOREIGN APPLICATIONS ***** *None AS*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Handwritten signatures]</i>				
Verified and Acknowledged <i>[Handwritten signature]</i> Examiner's Signature <i>[Handwritten initials]</i>				

ADDRESS

35195

TITLE

Network route control

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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